

Serial number: 2025/007

Date: 29/01/2025

Event: Publication of guidance for the management of persons exposed to animals, including birds, infected with Avian Influenza A(H5).

Notified by: Richard Puleston, Head of Team and Consultant Epidemiologist, TARZET Acute Respiratory Infections Unit

Authorised by:

Will Welfare, Strategic Response Director, Director Health Protection in Regions
Meera Chand, Deputy Director TARZET Division, Epidemic & Emerging Infections Directorate
Richard Pebody, Director, Epidemic & Emerging Infections Directorate
Trish Mannes, Regional Deputy Director

Contact: acute.respiratory@ukhsa.gov.uk

IRP Level: Not applicable

Incident Lead: Not applicable

Instructions for Cascade

Please note, as standard, briefing notes are cascaded to the below groups:

- UKHSA Private Office Groups who cascade within Groups
- UKHSA Regions Directorate
 - UKHSA Field Services
 - UKHSA Health Protection Teams including UKHSA Regional Deputy Directors
 - Deputy Directors in Regions Directorate
- UKHSA Lab Management Teams
- UKHSA Regional Communications
- Generic inbox for each of the Devolved Administrations
- Inboxes for each of the Crown Dependencies
- DHSC CMO (*excluding internal UKHSA briefing notes*)
- OHID Regional Directors of Public Health
- UK CVOs, APHA and DEFRA inboxes
- National NHSE EPRR
- NHSE National Operations Centre

Please cascade to:

- **Devolved Administrations** to cascade to Medical Directors and other DA teams as appropriate to their local arrangements
- **Crown Dependencies** to cascade to teams as appropriate to local arrangements
- **Regional Deputy Directors** to cascade to Directors of Public Health
- **UKHSA microbiologists** to cascade to non-UKHSA labs (NHS labs and private)
- **UKHSA microbiologists** to cascade to NHS Trust infection leads,
- **NHS Trust infection leads** to cascade to NHS labs/NHS infection leads/NHS microbiologist/NHS infectious disease specialists

Summary:

To update UKHSA Health Protection Teams and partners to a guidance update relating to the public health response and management of persons exposed to animals, including birds, infected with Avian Influenza A(H5).

Background and Interpretation:

The predominant avian influenza subtype detected in wild birds in the UK in 2024 has been A(H5N5) which is a stable genotype and has been seen in Europe over the previous 3 years. Avian influenza subtype A(H5N1) is also circulating in wild birds in the UK. So far this season in the UK, there have been several outbreaks of A(H5N1) and one of A(H5N5) in poultry. Public health management is implemented for infected premises.

DEFRA has raised the risk level of highly pathogenic avian influenza (HPAI) A(H5) in wild birds from low to high in response to recent changes in the epidemiology of HPAI A(H5) in the UK. The risk level in poultry has also been increased and is assessed as low but heightened where there is suboptimal or poor biosecurity, and low where good biosecurity is consistently applied, at all times.

Extant guidance for the protection of individuals potentially exposed to influenza includes 'strict' and 'standard' approaches. The strict approach, originally proposed for all A(H5) and A(H7) viruses, includes prophylactic antivirals for any person in contact with infected birds, regardless of their personal protective equipment (PPE) use.

In 2022 an adaptation to the strict approach was approved for influenza A(H5N1) specifically. This removed the recommendation for pre-exposure and post-exposure prophylaxis for those who were compliant with the use of PPE throughout their exposure, primarily employees of, or contractors of, APHA. This approach was used for the 2022/23 and 2023/24.

The Advisory Committee on Dangerous Pathogens agreed in November 2024 that it is safe and proportionate to apply the following approach for current and future avian influenza seasons:

- A joint UKHSA, APHA and DEFRA risk assessment at the start of each AI season, using available genomic, laboratory and epidemiologic data on viruses circulating in Europe and early UK seasonal wild bird detections.
- If there are no signals of increased risk the approach used in previous seasons will apply, specifically, antiviral prophylaxis will only be offered to exposed persons without appropriate PPE, or who had a PPE breach.
- If there were any features of a higher risk virus detected, the 'strict approach' will apply.

The updated guidance published on the 30th January [on this page](#), replaces both the existing standing guidance and the [interim derogated guidance](#) where zoonotic influenza exposures are due to any A(H5) subtype, irrespective of the NA subtype. The changes relate primarily to personnel employed for animal disease management purposes who are trained and equipped with the recommended respiratory personal protective equipment (RPE) and PPE as per the recommendations made in the Health and Safety Executive (HSE) guidance.

The public health actions are in line with the prior interim guidance for A(H5N1) aside from the dose of oseltamivir given for prophylaxis. This has been increased from 75mg once daily to 75mg twice daily for 5 days, see PGD link below.

Implications & Recommendations for UKHSA Regions

Manage exposed persons according to the guidance.

Implications & Recommendations for UKHSA sites and services

Manage exposed persons according to the guidance.

Implications & Recommendations for NHS

Manage exposed persons according to the guidance.

Implications and recommendations for Local Authorities

For information

References/ Sources of information

[Avian influenza: guidance and algorithms for managing incidents in birds - GOV.UK](#) New guidance will be published on the 30th January

[Avian influenza: PGD template - GOV.UK](#)

[Avian influenza virus](#) Working with highly pathogenic avian influenza.

[Bird flu \(avian influenza\): latest situation in England - GOV.UK](#)

[Updated joint FAO/WHO/WOAH public health assessment of recent influenza A\(H5\) virus events in animals and people](#)
